# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM) Criginal

| NAME (Last, First, Middle) |         | STATE POSITION HELD: (Dept/Div or Board/Commission)         |
|----------------------------|---------|---|
| BERNARDINO, RAMONA         | CELESTE | DEFICE OF HAWAILAN AFFAIRS (OHA)  PERMOFOFFICE (Begin/End): |

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

#### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| F,SP,DC,JT  | NAME AND ADDRESS OF SOURCE OF INCOME                             | AMOUNT | SERVICES RENDERED          |
|-------------|--|--------|----------------------------|
| F           | OHA 711 EAPÍOLANÍ BLVD, #500 HONOLULU, HÍ 96813                  | F      | DIRECTOR + DEPUTY SERVICES |
| 5P          | KULA CONSTRUCTION 905 KALANIANA'OLE HWY,#7B KAILUA, HI 90734     | В      | CONSAUCTION                |
| SP          | CONSTRUCTORS HAWASI 740 KOHOU ST HONOLULU, HI 96817              | В      | CONSTRUCTION               |
| sρ          | COAST TO COAST<br>644 AILLEREST DR, SMITE!<br>WAY PACA, WI 54981 | В      | CONSTRUCTION               |
| [ ]Check he | re if entry is None  | [√1Che | L                          |

#### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP,<br>DC,JT | BUSINESS NAME AND ADDRESS  | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO.<br>OF SHARES |
|----------------|--|--------------------|--------------------|---------------------------|
| F              | NONA'S FLOWERS + ARTSY THINGS<br>GE-1739 KA'AHMMANU ST.<br>'MEA, HI GLIVOI | FLOWERS & CRAFTS   | 100% ANNERGHIP     | A                         |
|                |  |                    |                    |                           |

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| DC,JT PERIOD DATE OF TRANSFER | [√]Check here if entry is None [ ]Check here if additional sheets are attached |                                 |  |
|-------------------------------|--|---------------------------------|--|
|                               |  |                                 |  |
|                               |  |                                 |  |
|                               |  |                                 |  |
|                               |  |                                 |  |
|                               | F,SP, OWNERSHIP OR BENEFICIAL INTEREST TRAN<br>DC,JT PERIOD                    | NSFERRED DURING THIS DISCLOSURE |  |

#### ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods

| Junec          | k here if entry is None | [ ]Check here if additiona | al sheets are attached |
|----------------|-------------------------|----------------------------|------------------------|
|                |                         |                            |                        |
|                |                         |                            |                        |
| JT             | COUNTRY WIDE MOKTEAGE   | H                          | H                      |
| F,SP,<br>DC,JT | NAME OF CREDITOR        | ORIGINAL AMOUNT<br>OWED    | AMOUNT<br>OUTSTANDING  |

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP,<br>DC,JT | NAME AND ADDRESS OF BUSINESS   | TITLE HELD | TERM OF OFFICE | ANNUAL<br>COMPENSATION |
|----------------|--|------------|----------------|------------------------|
| F              | NATINE HANAHAN BAR ABSOCIATION<br>P.O. BOX 1170<br>HONOLULU, HI 9(807                        | DIRECTOR   | 2003-2006      | NONE                   |
| F              | HANAII KURAL DEVELOPMENT  CONNEIL GOHACRED 677 ALAI MOANA BLUD, SUITE 702 HONGLULU, HI 968/3 | DIRECTOR   | 2006-2009      | NONE                   |

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F,SP, STREET ADDRESS TAX MAP KEY NUMBER (IF TAX VALUE DC,JT MAP KEY NUMBER EXISTS) [v]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS AND TAX MAP KEY NUMBER (IF **AMOUNT & NATURE OF** NAME OF PERSON DC,JT TAX MAP KEY NUMBER EXISTS) **CONSIDERATION PAID** RECEIVING THE **CONSIDERATION** [ / ]Check here if entry is None [ ]Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. OTDEET ADDRESS AND TAY MAD KEY | - --

| [√]Check | here if entry is None                 | [ ]Check here if a     | additional sheets are attached  |
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|          |                                       |                        |                                 |
|          |                                       |                        |                                 |
|          |                                       |                        |                                 |
| DC,JT    | NUMBER (IF TAX MAP KEY NUMBER EXISTS) | CONSIDERATION RECEIVED | FURNISHING THE<br>CONSIDERATION |
| F,SP,    | STREET ADDRESS AND TAX MAP KEY        | AMOUNT & NATURE OF     | NAME OF PERSON                  |

### ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT                   | NAME OF STATE AGENCY                            |
|----------------------------------|---|
|                                  |   |
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| [ /]Check here if entry is None  |   |
| [1 ] Check here if entry is None | [ ]Check here if additional sheets are attached |

### ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE |
|------------|------------------------------|--------------------|--------------------|-------|
|            |                              |                    |                    |       |
|            |                              |                    |                    |       |
|            |                              |                    |                    |       |
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|            | e if entry is None           |                    |                    |       |

[ ]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

## ITEM I, Continued

| Fish, DC, JT | NAME + ADDRESS OF<br>SOULCE OF INCOME                                      | AMOUNT | SERVICES REDERED |
|--------------|--|--------|------------------|
| SP           | COASTAL CONSTRUCTION  ACO HAN ST.  HONDLINE, H. 96819                      | В      | CON GRUCTION     |
| SP .         | STAFFING PARTNERS 1441 KAPIOLANI BLUD., #1907 HONOLINI, HI 96814           | В      | CONSTRUCTION     |
| SP           | KD CONSTRUCTION 2015 PAAPU ST. HONOLULU, HI 96819                          | В      | CONSTRUCTION     |
| Sρ           | SWINDLTON BUILDERS 1001 BISHOP ST. PANAHI TOWER, # 1340 HONOLULU, HI 96813 | 8      | CON STRUCTION    |
| SP           | PARSONS<br>100 W. WALNUT ST<br>PASADENA, CA 91124                          | В      | CONSTRUCTION     |